

ISSUE SLIP STAMP AREA (for additional cross references)

POSITIVE	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.R. CLASSIFIER			11/15/77
FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected  
 Allowed  
 (Through normal) Consider  
 Restricted  
 M Non-Selected  
 I Interim  
 A Appeal  
 O Ongoing

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy